

# **JOBS IMPACT STATEMENT**

## **1. BACKGROUND INFORMATION**

**Agency:** Iowa Board of Medicine

**Citation:** 653 IAC 21.4

**Contact:** Mark Bowden, 515-242-3268, mark.bowden@iowa.gov

**Authority:** 2015 Iowa Acts, Senate File 505, Division 31, Section 113, Iowa Code 147.76 and 148.13

**Date:** December 24, 2015

## **2. OBJECTIVE**

2015 Iowa Acts, Senate File 505, Division 31, Section 113, commands the Boards of Medicine and Physician Assistants to jointly adopt rules pursuant to Chapter 17A to establish specific minimum standards or a definition of supervision for appropriate supervision of physician assistants. The Boards shall jointly file notices of intended actions pursuant to section 17A.4, subsection 1, paragraph "a", on or before February 1, 2016, for adoption of such rules.

## **3. SUMMARY**

A physician assistant must work under the supervision of a physician (Section 148C.4). A qualified physician may supervise not more than five physician assistants at one time (148C.3(2)). Supervision means that a supervising physician retains ultimate responsibility for patient care (645 IAC 326.1). The Board of Medicine may discipline a physician for inadequate or inappropriate supervision of a physician assistant (Section 148.13(2) and 653--21.4). The joint rule reviewed and analyzed in this filing was developed by and approved by subcommittees of the Boards of Medicine and Physician Assistants on December 4, 2015. The rule establishes specific minimum standards for appropriate supervision of a physician assistant by a physician. The standards are intended to ensure Iowa patients receive medical services within the expected standard of care.

## **4. REVIEW**

The following is a review of applicable subrules within the proposed amendment to Iowa Administrative Code 653--21:

**21.4(2) "a".** *Review of requirements.* Before a physician can supervise a physician assistant practicing in Iowa, both the supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13, Iowa Code chapter 148C, and Iowa Administrative Code chapters 653—21, 645—326, 645—327, 645—328, and 645—329. **This requirement is an existing, basic expectation for the supervising physician and a supervised physician assistant in the delegation of medical services. All licensees are expected to know and understand the regulations applicable to the practice of their respective professions.**

**21.4(2) "b".** *Face-to-face meetings.* The physician and physician assistant shall meet face-to-face a minimum of twice annually. If the physician assistant is practicing at a remote site, at least one of the two meetings shall be at the remote site. The face-to-face meetings are for the purpose of discussing topics deemed appropriate by the physician or the physician assistant, including supervision requirements, assessment of education, training, skills, and experience, review of delegated services, and discussions of quarterly and annual reviews. **This requirement is an existing, basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services. An important detail in this particular requirement concerns physician assistants who practice in remote sites, which are practice sites where the supervising physician is present less than 50 percent of the time. An existing subrule established by the**

**Board of Physician Assistants and recognized by Board of Medicine 645--327.4(2) requires 26 meetings per year (645--327.4(2)). The proposed subrule herein would reduce that requirement to 1 visit to the remote site per year for a physician who supervises a physician assistant practicing in a remote site. This is a reduction of 25 site visits per year to the remote site.**

**21.4(2) “c”. *Assessment of education, training, skills, and experience.*** The physician and physician assistant shall each ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team. **This requirement an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “d”. *Communication.*** The physician and the physician assistant shall communicate and consult on medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient. **This requirement an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “e”. *Quarterly review.*** There shall be a documented quarterly review of a representative sample of the physician assistant’s patient charts encompassing the scope of the physician assistant’s practice. **While this requirement specifies a minimum frequency of chart reviews, this requirement, in general, is an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “f”. *Annual review.*** The supervising physician shall annually review the physician assistant’s clinical judgment, skills, and performance. The review shall be documented and shall contain feedback and recommendations as appropriate. **While this requirement specifies a documented review, this requirement, in general, is an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services. The new rule establishes a minimum frequency for the documented review.**

**21.4(2) “g”. *Delegated services.*** The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with Iowa Administrative Code 645—327.1(1). All delegated medical services shall be within the scope of practice of the physician and the physician assistant. The physician and the physician assistant shall have the education, training, skills, and relevant experience to perform the delegated services prior to delegation. **This requirement an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “h”. *Timely consultation.*** The physician shall be available for timely consultation with the physician assistant, either in-person or by telephonic or other electronic means. **This requirement an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “i”. *Alternate supervision.*** If the supervising physician will not be available for any reason, an alternate supervising physician will be available to ensure continuity of supervision. The physician will notify the alternate supervising physician that they are to be available for a timely consult and will notify the physician assistant of the means to reach them. The physician assistant shall not practice if supervision is not available. **This requirement an existing and basic expectation for a supervising physician and a supervised physician assistant in the delegation of medical services.**

**21.4(2) “j”.** *Failure to supervise.* Failure to adequately direct and supervise a physician assistant or failure to comply with the minimum standards of supervision in accordance with this rule and Iowa Code chapter 148C, Iowa Code section 148.13, and Iowa Administrative Code chapters 653—21, 645—326, 645—327, 645—328, and 645—329 may be grounds for disciplinary action for both the physician and the physician assistant. **The Board of Medicine already may discipline a physician for inadequate or inappropriate supervision of a physician assistant (Section 148.13(2) and 653--21.4).**

## **5. ANALYSIS**

The Board believes this rulemaking will not adversely impact private sector jobs in Iowa as the proposed rule does not add to the burden or cost of supervising physician assistants, as demonstrated in the review. The specific minimum supervisory requirements expressed in the proposed amendment to Chapter 21 are not additional requirements, per se, but they do provide clarity to the physician, physician assistant and the public concerning the delegation of medical services to and supervision of a physician assistant. A core function of supervision is to assess the physician assistant's knowledge, skills, and abilities against recognized medical practice standards. The **goals** of appropriate supervision are to ensure public safety, expand healthcare services and strengthen performance of the physician assistant. A periodic review of performance of the physician assistant would include assessing the appropriate levels of training, education and skills for the medical services being delegated to the physician assistant to achieve those goals. The annual review is intended to provide common reference points to guide coordinated collaboration among the supervising physician, the supervised physician assistant, patients, and families — ultimately helping to accelerate inter-professional team-based care. In the formation of this rule, subcommittees of the Boards of Medicine and Physician Assistants met five times over approximately 20 hours and received significant comment from the public and stakeholders. It was generally recognized that this rule, while establishing **minimum** standards for appropriate supervision of a physician assistant by a physician, is not onerous to the physician. It was repeatedly averred that tenets of the rule are mostly redundant to existing rules in Iowa Administrative Code 645 Chapters 326, 327, 328 and 329. The Board of Medicine's overarching goal for this rule is to provide clarity to supervising physicians and to the public regarding the Board's expectations for physicians who choose to supervise physician assistants. No information was presented or cited that these existing rules (654 IAC 326, 327, 328 and 329) are, in fact, having an adverse impact on private sector jobs in Iowa.



Approximately 1 in 10 physicians practicing in Iowa report they are supervising a physician assistant. This percentage has not changed over the past 3 1/2 years when legislation changed the physician-to-physician assistant supervision ratio from 1:2 to 1:5. However, during this same period the Board has seen an increase in inquiries from physicians and healthcare facility administrators seeking clarity on the common core principles of appropriate supervision of physician assistants by a physician.

## **6. CONCLUSION**

The Board concludes the proposed amendment establishing minimum standards for appropriate supervision of a physician assistant by a physician **will not cause a negative impact on private sector jobs and employment opportunities within the state of Iowa.**